

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-6907



February 11, 1977

ALL-COUNTY LETTER NO. 77-11

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FOOD STAMP PROGRAM - UMO MONEY ORDERS

REFERENCE:

This is to further detail information provided in a recent telegram concerning the filing of bankruptcy on January 12, 1977 by Universal Money Order Company (UMO). We are alerting you to this in the event that any of your food stamp agents have accepted UMO money orders in receipt for purchase requirements. Please instruct your agents to immediately cease accepting UMO money orders for payment of any purchase requirements.

Affected money orders may bear one of the following corporate names:

Universal USN Company, Inc.
Universal Money Order Company
USN Company, Inc.
Universal Exchange
International Express Company, Inc.

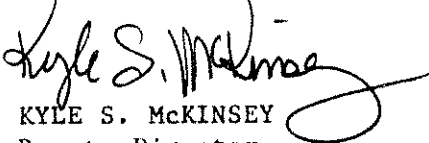
Even though UMO ceased issuing money orders on January 12, 1977, agents may possess returned UMO money orders issued prior to this date. These should be retained until the State Banking Department develops a payment procedure. Please notify the State Banking Department of these agents (include address, phone number, and total dollar amount of money orders returned) at one of the following addresses:

State Banking Department	State Banking Department
235 Montgomery Street Suite 750	600 South Commonwealth Avenue Suite 1501
San Francisco, CA 94104	Los Angeles, CA 90005

If you have not already contacted Department of Benefit Payments (DBP) with the above information please notify Richard Macaluso of the Food Stamp Policy Coordination Bureau at (916) 445-6907.

Those agents which possess returned money orders will accordingly lack sufficient funds to make full deposits to the FRB. Agents should either make up the difference on the deposit or deposit only those remaining receipts that can be converted to a single negotiable instrument. If the agent (or county) chooses the latter course they must attach a sheet to the FNS-250 (Food Coupon Accountability Report) fully explaining why the full deposit is not being submitted. FNS will then bill the agent at the end of the semiannual accounting period.

Your cooperation in this matter is appreciated.


KYLE S. MCKINSEY
Deputy Director

cc: CWDA

As of March 31, 1977

County Food Stamp Questionnaire

Name and Phone Number of Person
Responsible for Questionnaire

County _____

Name: _____ Phone: _____

I. ISSUANCE

1. ATP Counties only

a. How many ATPs were issued in March 1977?

_____ (monthly total)

b. How many ATPs were transacted by the following issuance methods?

Direct Mail _____ (monthly total)

OTC _____ (monthly total)

c. What percent of ATPs issued in March 1977 were hand issued _____
computer issued _____?

If over 10 percent were hand issued give primary reason.

2. HIR Counties only

Method of Issuance	No. of Households purchasing coupons (monthly total for March 1977)	No. of times coupons issued (monthly total for March 1977)
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Direct Mail	_____	_____
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OTC	_____	_____
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3. What number of your eligible households elected PAW in March 1977?

_____ households elected PAW out of _____ PAW eligible households.
(e.g., 300 households elected PAW out of 800 PAW eligible households.)

4. As authorized by Senate Bill 1944 (amending W & I Code Sections 11452, 18904, and 18904.1, and adding 18904.2), do you plan to seek a waiver to discontinue issuing food coupons by either PAW or Direct Mail?

Yes _____ No _____

If yes, for which method(s) of issuance would you seek a waiver?

PAW _____ Direct Mail _____ Both _____

5. List below your issuance agents, transaction fee charged by each agent, and their percentage of total monthly transactions for the county.

Agent	Transaction Fee	%
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
COUNTY	_____	_____
Total # agents _____		100%

II. TRAINING

1. How many hours of formal FSP training (excluding OJT) are provided for new EWs before they are responsible for certification?

_____ hours

2. Does the county provide an ongoing training program for certification personnel?

Yes ____ No ____

If yes, is the ongoing training optional ____ or mandatory ____?

Number of hours per quarter per EW _____

III. FORMS

1. Please attach a copy of your currently used ATP or HIR card. Do not submit form if state version (DFA 299A, 299B, 299C, or 286) is used, but check here ____.

2. Does the county use the DFA 285 for PA households?
 Yes ____ No ____
 If yes, explain circumstance(s) where this occurs: _____

3. Does the county favor the use of a single application for PA and NA cases?
 Yes ____ No ____

4. If the state continues to have separate applications for PA and NA households, do you prefer use of the CA (WR) 2A or additional pages on the CA (WR) 2 for PA households? Check preference CA 2A ____ CA 2 with additional pages ____

5. Does your food stamp ID card have an expiration date? Yes ____ No ____

6. List any state food stamp forms that you feel lack clarity in design or language. Additionally, list any Spanish form(s) that have poor translations. Give reason(s) as to why the form needs improvement. (You may submit a marked up form. Indicate attachment of form in problem column and mark form with Section III, Question 6 to identify attachment.)

	<u>Form</u>	<u>Version</u>	<u>Spanish or English</u>	<u>Problem</u>
e.g.:	DFA 285	11/76	Eng.	Not enough space in Section VIII.

7. List any state forms with which you consistently have had trouble receiving adequate supplies from the State since July 1, 1976.

	<u>Form</u>	<u>Version</u>	<u>Spanish or English</u>	<u>Comments</u>

8. Please indicate your usage during March of the following state food stamp forms or county substitutes. If form does not apply to your county issuance system write in not applicable. (e.g., All ATP counties should place not applicable in the space provided for the DFA 286.)

Form #	Form Name	Monthly Usage of State Form During March '77 (if applicable)	Monthly Usage of County Substitute Form during March '77 (if appli- cable)
CA (WR) 1	Application for Public Social Services	_____	_____
CA (WR) 2A	Supplemental Statement of Facts to Support Eligibility for Food Stamps	_____	_____
DFA 285	Nonassistance Household Application for Food Stamp Program Participation	_____	_____
DFA 285.1	Income from Farm Operations and Other Self-Employment Sheet	_____	_____
DFA 285.2	Food Stamp Certification and Verification Work Sheet	_____	_____
DFA 286	Individual Certification and Participation Record	_____	_____
DFA 287	Identification Card	_____	_____
DFA 288	Internal Notice of Change Action	_____	_____
DFA 289	Receptionist's Daily Tally Sheet	_____	_____
DFA 290A	Food Coupon Book Issuance Register \$2	_____	_____
DFA 290B	Food Coupon Book Issuance Register \$7	_____	_____

Form #	Form Name	Monthly Usage of State Form During March '77 (if applicable)	Monthly Usage of County Substitute Form during March '77 (if appli- cable)
DFA 290C	Food Coupon Book Issuance Register \$40	_____	_____
DFA 290D	Food Coupon Book Issuance Register \$50	_____	_____
DFA 290E	Food Coupon Book Issuance Register \$65	_____	_____
DFA 291	Summary of Daily Transactions	_____	_____
DFA 292	Coupon Book Inventory Record	_____	_____
DFA 293	Cashier's Daily Report	_____	_____
DFA 293.1	Summary of Daily Reports	_____	_____
DFA 295	Monthly Food Coupon Remit- tance Register	_____	_____
DFA 296	Food Stamp Program Monthly Statistical Report	_____	_____
DFA 298	Information Statement Covering Designated Project Area County Operations	_____	_____
DFA 298.1	Information Statement Covering Designated Project Area Certification Office	_____	_____
DFA 298.2	Information Statement Covering Designated Project Area Issuance Office/Agent	_____	_____
DFA 298.3	Information Statement Covering Designated Project Area Bulk Storage Point (no issuance)	_____	_____
DFA 299A	Authorization to Purchase Card - Monthly Options	_____	_____
DFA 299B	Authorization to Purchase Card - Semi-monthly Options	_____	_____
DFA 299C	Authorization to Purchase Card - Quarter Monthly Option	_____	_____

Form #	Form Name	Monthly Usage of State Form During March '77 (if applicable)	Monthly Usage of County Substitute Form during March '77 (if appli- cable)
DFA 300	Mail Issuance Log	_____	_____
DFA 301	Mail Issuance Request	_____	_____
DFA 302	Authorization to Withhold Food Stamp Purchase Requirement	_____	_____
DFA 303A	Coupon Books Lost in the Mail - Nonreceipt Affidavit/Replace- ment Authorization	_____	_____
DFA 303B	Coupon Books Lost in the Mail - Nonreceipt Affidavit/Replace- ment Authorization	_____	_____
DFA 304	PAW Record of Return/Refund	_____	_____
DFA 332	Claim Determination Report	_____	_____
DFA 332.1	Verification of Food Stamp ATP Usage	_____	_____
DFA 377	Notice of (Proposed Adverse) Actions and Right to Request a Fair Hearing (Benefits Pending)	_____	_____
DFA 377.1	Notice of Intended Action and Right to Request a Fair Hearing (No Benefits Pending)	_____	_____
DFA 377A	Notice of Proposed Adverse Action and Rights to REquest a Fair Hearing (Waiver of Benefits Pending)	_____	_____
DFA 385	Application for Emergency Food Stamp Issuance (Disaster Relief)	_____	_____
DFA 386	Nonreceipt of Authorization to Purchase Document Because of Mechanical Disaster	_____	_____
DFA 402	Report on Restored Food Stamp Benefits	_____	_____

Form #	Form Name	Monthly Usage of State Form During March '77 (if applicable)	Monthly Usage of County Substitute Form during March '77 (if appli- cable)
DFA 426	Taxpayer Household Dependency and Financial Eligibility Statement	_____	_____
DFA 440	Verification of Physical or Mental Incapacity	_____	_____
TEMP 1038	Food Stamp Program Tax Depen- dency Statement for Student Applicant Households	_____	_____
CA (WR) 2A (Spanish)	Supplemental Statement of Facts to Support Eligibility for Food Stamps	_____	_____
DFA 285 (Spanish)	Nonassistance Household Application for Food Stamp Program Participation	_____	_____
DFA 285.1 (Spanish)	Income from Farm Operations and Other Self-Employment Sheet	_____	_____
DFA 301 (Spanish)	Mail Issuance Log	_____	_____
DFA 302 (Spanish)	Authorization to Withhold Food Stamp Purchase Require- ments	_____	_____
DFA 377 (Spanish)	Notice of (Proposed Adverse) Actions and Right to Request a Fair Hearing (Benefits Pending)	_____	_____
DFA 377.1 (Spanish)	Notice of Intended Action and Right to Request a Fair Hearing (No Benefits Pending)	_____	_____
DFA 385 (Spanish)	Application for Emergency Food Stamp Issuance (Disaster Relief)	_____	_____

IV. Claims, Refunds, and Transfers

1. How many total claim determinations were completed in March 1977? _____
 - a. How many nonfraud claims were completed for over \$400? _____
 - b. How many nonfraud claims were completed for \$400 and under? _____
 - c. How many fraud (or suspected fraud) claims were completed? _____
2. Value of nonfraud claims for March 1977. _____
Value of fraud claims for March 1977. _____
3. How much money was collected on overissuances during March 1977?

4. Who makes refunds to recipients in your county?
County _____ FNS _____
 - a. If county makes refunds, from what source?
From County funds _____ From sales receipts _____
 - b. If FNS makes refunds, what is the estimated wait (months, days)
for recipients until receipt of refund? _____
5. How many Household Transfers (FNS-286) were received in March? _____
How many Household Transfers (FNS 286) were accepted resulting in issuance
of coupons? _____
How many transfers were issued? _____

V. General

1. Approximately what percentage of your NAFS caseload in March 1977 had a one-month (or less) certification? Use the following formula to determine percentage.

Number of NAFS households with one month or half month certification

Total number of NAFS households = _____%

2. During March approximately what percentage of your eligible NAFS caseload (households) actually participated? Eligible households includes households suspended for three-months nonparticipation. _____%
3. During March what percent of your AFDC (do not include mixed NA cases) caseload were also certified for Food Stamps? _____%
4. Which of the following applies to your county?
- a. County uses Division 63 of the State Manual of Policies and Procedures. _____
- b. County uses own regulation interpretation manual. _____
- c. County uses both Division 63 and locally developed manual. _____
5. Do EW's have access to Division 63 of the State Manual of Policies and Procedures?
Yes _____ No _____
6. Are potential applicants seen by a screener before making application?
Yes _____ No _____
- If yes, is the screener an eligibility worker?
Yes _____ No _____
7. Does the county do group screening for potentially eligible persons?
Yes _____ No _____

8. Fiscal Officer
- Name _____
Address _____
Telephone _____
9. Food Stamp Coordinator
- Name _____
Address _____
Telephone _____
10. County Review Officer
- Name _____
Address _____
Telephone _____

11. Person responsible for supervising contracted issuance agents
Name _____
Address _____
Telephone _____
12. Person providing FSP training for EWs
Name _____
Address _____
Telephone _____
13. Person responsible for training county issuance staff
Name _____
Address _____
Telephone _____
14. Person responsible for training contracted issuance staff
(complete if different from #11 above)
Name _____
Address _____
Telephone _____
15. Please list below the three manual sections by number you would like to see changed during the upcoming year. Explain how and why you would revise these sections.

Name and Phone Number of Person Responsible for this information:

Name: _____ Phone: _____

County

FNS has requested the following information on behalf of the USPS in order to reduce mail losses. (Please detach and submit, as soon as possible, to DBP, Program Information Bureau, 744 P Street, M.S. 12-81, Sacramento, CA 95814).

1. Please list the primary address(es) at which household, allotment, and purchase requirement information is placed on the ATP card. (If computer issuance, do not include addresses of certification offices where ATPs are hand prepared)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Please list the primary address(es) from which ATP cards are mailed out to participants. (If computer issuance, do not include addresses of certification offices where ATPs are mailed out to participants.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____